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# **Bullying Prevention Made Simple**

"Pay attention, get involved, and never, ever look away."

- Valerie R. Cherry, PhD, Lead Mental Health Specialist

At the Conference on Bullying Prevention in the East Room of the White House, March 10, 2011, President Barack Obama stated, "As adults, we all remember what it was like to see kids picked on in the hallways or in the schoolyard. And I have to say, with big ears and the name that I have, I wasn't immune. I didn't emerge unscathed."

Reading the newspapers reminds us of the frequent, and sometimes deadly, problem of bullying, including cyber bullying. There is a tremendous amount of research that looks at the characteristics of the bullied and the bully, strategies to prevent bullying, empowering bystanders, and special issues for students with disabilities and various sexual orientations (Cassidy, Jackson, & Brown, 2009; Coloroso, 2004; Cook, Williams, Guerra, Kim & Sadek, 2010; Toomey, Ryan, Diaz, Card, & Russell, 2010). New research even suggests that bullying alters brain chemistry and can lead to anxiety (Litvin, Murakami, & Pfaf, 2011; Rockefeller, 2011).

However, probably the most important piece we have learned from research is that bullying continues to be a form of violence that impacts the bullied, the bully, and the bystander. If we want to effectively change a culture that allows bullying, we must pay attention and respond to not only the bullied, but the bully and the bystander. In Job Corps, we have a unique opportunity for growth in addressing bullying and other forms of violence on our centers. Job Corps is in the business of preparing youth for the workforce so we have to address any behavior that may impact a student's employability. We have a responsibility to teach our students: (1) social-emotional learning standards, (2) how to be a successful employee and person, (3) communication skills, and (4) how to get along. So, at Job Corps centers, we must pay attention, get involved, and never, ever look away.

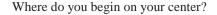
A Very Simple Strategy to Promote Positive Culture Change

**PAY ATTENTION**—bullying occurs on all centers, even yours.

**GET INVOLVED**—with the bully, the bullied, and the bystander; each has a role.

**NEVER LOOK AWAY**—as adults we tend to dismiss bullying and not intervene, which is a grave mistake.

— These words are taken from the work of Barbara Coloroso who wrote the book, "The Bully, the Bullied, and the Bystander," in 2004.





**First**, the center administration should make bullying and violence prevention an important part of the center's focus and efforts. Consider organizing a small bullying and violence prevention team of staff and students to spearhead the center's commitment to creating a safe and violence-free environment. This team could work hand in hand with the Sexual Assault Response Team, currently required to be active on each center. To make it easy to get started, you can find a template for developing a bullying prevention policy in SafetyNet located in Citrix on the Job Corps Community Website. (Click on SafetyNet; click on Bullying Prevention; click on "creating an anti-bullying policy" located within the text on bullying prevention).

# Not Your Mother's Drugs

### Salvia Divinorum: What You Need to Know

- Diane Tennies, PhD, Lead TEAP Specialist

After teen pop star Miley Cyrus was viewed smoking salvia on a YouTube video, this drug skyrocketed into the limelight. Media reports suggest that the sale of salvia has tripled since early December when this video was posted.

Salvia Divinorum is a perennial plant in the mint family; it is easily cultivated and widely available in local tobacco shops and over the internet. Salvia is typically sold in dried form, although concentrated extracts are also available. It is usually smoked or vaporized by users. (Vaporization is a technique for avoiding irritating respiratory toxins in smoke by heating the substance to a temperature where the psychoactive ingredients evaporate without causing combustion. The mist is inhaled instead of actual smoke.)

Salvia has hallucinogenic properties and has been incorporated into religious ceremonies of the Mazatec Indians in Mexico and other groups for centuries. The active ingredient, salvinorin A, causes vivid hallucinations and is unique among hallucinogens because it does not affect serotonin receptors. Rather, it selectively stimulates kappa opioid receptors found in brain and spinal cord. Meaning, along with hallucinogens, salvia can also produce spinal anesthesia. There are no legitimate medical uses for the dried form of salvia.

Congress proposed placing salvia on Schedule I of the Control Substance Act in 2002, but the legislation died with the dissolution of the 107<sup>th</sup> Congress. Fifteen states have regulated the sale and distribution of salvia.

Effects of this drug appear to be short lived. There are no reports in the medical literature (according to Emergency Medical News, July 2010) of significant toxicity or fatalities, and salvia does not routinely result in emergency room visits. Users reported increased insight, improved mood, calmness, and increased connection with universe/nature as well as 'weird thoughts.' Salvia's onset is rapid— within about one minute of inhalation. The effects peak within 10 minutes and gradually diminish over the next 20 to 30 minutes. Some users report that *their improved mood* lasts up to 24 hours.

Overall, saliva appears to be an unlikely drug of abuse and has a low potential for dependence. A large percentage of users have reported using this drug only once. Serious adverse events appear rare. The largest risk appears to be that a student might inadvertently injure him/herself while intoxicated on this substance as there are anecdotal reports of individuals walking around in a confused delirium state.

At the present time, there is no urine toxicology testing that can detect the presence of salvia. In a dried form, it looks similar to marijuana. Job Corps students who possess this substance are likely in possession of it for its mind altering properties. If students are smoking salvia (the most common method of ingestion) then they will be in possession of drug paraphernalia, which is not permitted on center (PRH 5.4, R4). Further, staff should be aware of the salvia's effects and potential reactions of those under its influence.



Salvia Divinorum

#### References

Baggott, M. (2004) <u>A Survey of Saliva</u> <u>Divorum Users</u>. In Erowid Extracts: A Psychactive Plant and Chemical Newsletter, 6, 12-15.

Gussow (2010). Coming to an ED Near You: Bromo-Dragonfly (Not an Insect), K2 (Not a Mountain), and Venus (Not the Planet). Emergency Medicine News, 32 (7), 20-21.







# **HEALS In Action: Beauty Camp at Oneonta JCC**

"Beauty Boot Camp is helping me learn more about things like nutrition and body image. I feel better and I'm eating better"

- Sade John, Beauty Boot Camp participant

Sade John takes part in Oneonta Job Corps Center's Beauty Boot Camp (BCC) program, led by Dominque Thomas, the Center Director's Administrative Assistant. The BBC concept began in late 2010 when student Margaret Edsell asked Ms. Thomas for 'style help'—she wanted to learn how to dress for upcoming job interviews and also how to dress nicer on weekends. Ms. Thomas mentored Ms. Edsell for a few weeks and soon realized that other young women wanted the same kind of advice. She recruited two other staff members, Vicky Pegg and Markita Cooper, to assist with BCC meetings and activities. Ms. Thomas said, "I've received so much support for the program on center—from staff volunteering to speak at BCC meetings to beauty product donations. Within a week of asking for donations, I received name-brand perfumes, lotions, makeup bags, hair products, and nail products. It was so touching to me."

Fifteen young women are now enrolled in a 12-week Beauty Boot Camp program. Participants first complete a questionnaire that provides Ms. Thomas with information on student interests, which range from nutrition, exercise, beauty products, and fashion, to body image and relationships. "I have a core group attending every meeting. The ones putting in the effort are seeing results, and I see the effects of BCC by how they carry themselves."

Every Monday, the young women exercise in groups or with partners. At a recent Tae Bo video workout, one student asked, "Why am I sweating this much?" Ms. Thomas laughed because she feels the same way, and her motto is, "Don't ask a girl to do something that I wouldn't do myself." The exercise routine changes throughout the 12-week program so the young women can experiment with different classes to see what they enjoy. Many also keep food journals. Ms. Thomas said, "I know that it's going to be hard for them to keep a food journal and exercise journal but I want them to see the importance eating healthy and exercising regularly."

On Wednesdays, the group talks about "girly issues." Some of the topics they cover include: *Professional Dress: What to Wear to Interviews*; *Age Appropriate Dress: Why What You Wear Can Affect How Others Treat You*; *Body Image: How to Be Happy with How You Look and Make a Healthier You*; and, *Guys: You Don't Need a Guy to Make You Happy, But What Do You Want to Know About Them?* This week, the topic was relationships. BCC members were asked to make a list of qualities they would like their 'ideal guy' to possess and then they discussed their lists. "We had male students stop by and give their perspectives on relationships, and then both groups talked about the frustrations they have with the opposite sex. It was definitely enlightening for everyone! You can't discount a potential partner solely because he (or she) isn't a perfect '10'."

To help facilitate these discussions, Ms. Thomas uses the *Setting Goals* and *Body Image* worksheets from the HEALS Website. (Both worksheets are available in Module 3 of the Student Education Curriculum on the HEALS Website, located in Citrix.)

Continued on page 4



(Right) Dominique Thomas leads a Monday workout. From left to right: K. Crossfield, S. John, S.Sears.

(Left) Camp participants From left to right: E. Hoffert, S. John, K. Crossfield try to conquer the ab roller during their workout. (It's harder than it looks!)







# Beauty Camp at Oneonta JCC (continued)

The group went around and showed the images they drew and talked through the goal sheets. Ms. Thomas said, "Body image is something that has become so crippling with my generation, and I want to help these young women to realize that beauty and self esteem comes in all shapes and sizes." Ms. Thomas asks the students to hang the goal setting worksheet on their walls to remind them of their goals.

Fridays are health and beauty day. The young women get to sample products, learn about skin care, and learn about nutrition to ensure that they look healthy from the inside out. Sometimes guest speakers come in to talk about fashion and beauty. Recently, the girls broke into teams and played *Health and Beauty Jeopardy*. They were asked questions about skin care products, regimes, and skin care dangers while competing for a chance to pick from the box full of health and beauty products. Ms. Thomas described a recent session, "The girls surprised me with what they thought was acceptable. A number of young women wear wigs and weaves and we started talk about why they do that to their hair and why that can be bad. Having diversity in the group allowed us to share cultural differences and practices related to beauty. It was one of my favorite sessions."

Ms. Thomas' goal is that by the end of the program, these young women will have a new group of friends, more self-confidence, and an understanding of how to be comfortable with themselves yet still be feminine. Ultimately, she hopes to positively affect female recruitment and retention and to help prepare these students for the working world after they leave Job Corps. Her program has already energized other staff members to start new programs. Irene Haney, Data Integrity/Quality Assurance Supervisor, has started an aerobics program for everyone on center. Mondays and Wednesdays she leads aerobics classes that leave participants sore and sweaty, but wanting to get in shape.



# **Bullying Prevention Made Simple (continued)**

"Pay attention, get involved, and never, ever look away."

- Valerie R. Cherry, PhD, Lead Mental Health Specialist

**Second**, educate students and staff on the topics of bullying prevention and violence prevention. Go to SafetyNet Toolkit Trainings located in Simon and take the quick and informative web-based trainings, which can also count toward the annual adolescent and growth training requirement for staff. The 6-module bullying prevention training provides the basics of bullying and how to handle bullying situations on Job Corps centers. The 5-module violence prevention training describes steps to help prevent violence on Job Corps centers. See Information Notice 09-38 for information on how to access SafetyNet trainings.

**Third**, implement what you have learned through SafetyNet and begin to reward staff and students for *paying attention*, *getting involved*, *and never*, *ever looking away*. This applies not only to student-to-student bullying, but also to staff-to-student and staff-to-staff bullying.

### References

Cassidy W., Jackson, M., & Brown, K.N. (2009). Sticks and stones can break my bones, but how can pixels hurt me?, *School Psychology International*, 30, 383-402.

Coloroso, Barbara. (2004). *The Bully, the Bullied, and the Bystander*. New York: Harper/Quill.

Cook, C., Williams, K., Guerra, N., Kim, T., & Sadek, S. (2010). Predictors of Bullying and Victimization in Childhood and Adolescence: A Meta-analytic Investigation. *School Psychology Quarterly*, 25(2), 65–83.

Litvin. Y., Murakami, G., Pfaff, D.W. (2011). Effects of chronic social defeat on behavioral and neural correlates of sociality: Vasopressin, oxytocin and the vasopressinergic V1b receptor. *Physiology & Behavior*, *103*(*3-4*), 393, doi: 10.1016/j.physbeh.2011.03.007.





# Food Addiction: The TEAP Specialist's Role in HEALS

- Christie Phoebus, Humanitas, Inc.

# Q. What role should a TEAP Specialist play on the HEALS committee?

### A. An expert in addiction, of course.

According to Nora Volkow, MD, Director of the National Institute on Drug Abuse (NIDA), the brain of a food addict reacts to food much like the brain of a drug addict reacts to drugs. The dopamine rush produced in the brain from drugs like cocaine and amphetamines is what causes the user to feel a high. When these types of drugs are used habitually, the dopamine receptors in the brain can decrease in number or become less sensitive to dopamine (Gorman, 2011). A drug addict then needs more and more of the drug to produce the same high they felt the first time. According to Dr. Volkow, the same thing is true of the dopamine receptors in the brains of obese people. Because of the decrease in receptors, obese people have to eat a lot more food than normal-weight people to experience the same high (Gorman, 2011).

#### Red

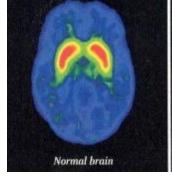
High dopamine Normal pleasure/interest

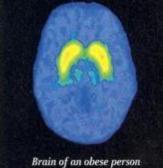
### **Yellow**

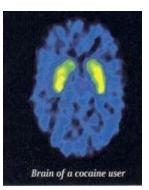
Medium dopamine Difficulty feeling pleasure

#### Green

Low dopamine Lack of pleasure







As addiction experts, TEAP Specialists have an important role to play in HEALS. TEAP Specialists may wish to:

- Include food addiction as part of the current psychoeducational groups addressing substance addiction.
- Include food addiction as part of relapse prevention groups and assist students in developing healthy choices and habits as it relates to substances and eating.
- Be aware of students who trade addictions. Sometimes after giving up smoking or drugs, people start to overeat.
- Collaborate with recreation staff to create exercise plans for students identified as having substance use issues and weight concerns. In addition to weight control, physical activity helps reduce anxiety and depression.

To learn about the similarities and differences in food and drug dependency, read Marcia Levin Pelchat's article "Food Addiction in Humans" at: <a href="http://jn.nutrition.org/cgi/reprint/139/3/620">http://jn.nutrition.org/cgi/reprint/139/3/620</a>.

#### Reference

Gorman, R. M. (2011, April). Addicted to food? *Eating Well, 10* (2), 44-48.

# **Trying to Curb Food Cravings?**

Dr. Volkow suggests restructuring and planning your day to help avoid temptations. Ways to do this include:

- Try and anticipate moments of weakness and take necessary measures to ensure you can say "no" to temptation. For example, if you give in to temptation each day when you pass a certain vending machine, take a different route to your destination and carry a snack bag of apple slices for when hunger strikes.
- Keep meals relatively simple. People tend to eat a larger quantity of food if they have a lot of different flavors at one time.
- Do not eat in the car or in front of the TV.
- Make sure you get an adequate amount of sleep.
- Keep stress at a minimum. Exercise is a great way to combat stress and give you energy.





# CHES and Job Corps



What is a CHES? A Certified Health Education Specialist (CHES) is an individual who has (1) met academic eligibility, (2) passed a written examination, and (3) has an ongoing commitment to continuing education in the health education profession.

What is the CHES certification? The certification, awarded by the National Commission for Health Education Credentialing, Inc. (NCHEC), signifies that the certificate holder has met the national standards for individual health education practitioners. The national certification attests the individual's knowledge and skills of health education.

The CHES certification was developed by and for the health education profession to demonstrate the mastery of a set of fundamental skills across all practice settings. This certification is voluntary, meaning that one chooses to earn this nationally recognized credential. This certification is based on generic responsibilities and competencies that have been verified by a job analysis process as necessary for practice in health education.

Why should you consider becoming a CHES? Professional certification establishes national standards for health education practice apart from state and local certification and registries; attests to an individual's knowledge and skills in areas deemed necessary to the field of practice as delineated by the profession; conveys a sense of pride and accomplishment in the profession; and, promotes continued professional development.

What are the responsibilities and competencies of a CHES? There are seven areas of responsibility for health education specialists:

Area I: Assess Needs, Assets, and Capacity for Health Education

Area II: Plan Health Education
Area III: Implement Health Education

Area IV: Conduct Evaluation and Research Related to Health Education

Area V: Administer and Manage Health Education Area VI: Serve as a Health Education Resource Person

Area VII: Communicate and Advocate for Health and Health Education

Am I eligible to become a CHES? Some Job Corps staff members, including some nurses, TEAP Specialists, and recreation staff are eligible for certification. Eligibility is based exclusively on academic qualifications. An individual must have a bachelor's, master's, or doctorate degree from an accredited institution AND either one of the following:

- An official transcript that shows a major in Health Education, Public Health Education, Community Health Education, School Health Education, *OR*
- An official transcript that reflects 25 semester hours (37 quarter hours) of earned coursework addressing the seven areas of responsibility identified above.

What if I am not sure if I am eligible? A prescreen service is available to those who are unsure of exam eligibility. NCHEC will review your official transcript to determine eligibility. Deficiencies, if any, will be identified and guidance for exam qualification will be provided. This service is particularly useful to applicants whose academic preparation does not include a degree in health education, but who may have accumulated sufficient health education coursework to qualify for the CHES examination. The prescreen schedule is: April cycle: November 1 to February 1, and October cycle: May 1 to August 1.

*If I meet the qualifications, how do I become a CHES?* Visit the NCHEC Website (<a href="http://www.nchec.org">http://www.nchec.org</a>). The exam is offered in April and October at more than 120 U.S. colleges and universities. Online publications (<a href="http://www.nchec.org/news/quicklinks/pub/">http://www.nchec.org/news/quicklinks/pub/</a>) are available to assist in preparing for the examination.





# Resource Corner

### Medical

**Sodium Reduction: Time for Change.** CDC's Public Health Grand Rounds archived webinar. Available at: <a href="http://www.cdc.gov/about/grand-rounds/index.htm">http://www.cdc.gov/about/grand-rounds/index.htm</a>

# Strawberries May Help Prevent Esophageal Cancer.

This article provides yet another reason to enjoy a favorite summertime fruit. Available at: <a href="http://www.webmd.com/cancer/news/20110406/strawberries-may-help-prevent-esophageal-cancer">http://www.webmd.com/cancer/news/20110406/strawberries-may-help-prevent-esophageal-cancer</a>

#### Mental Health

**Become a Stigma Buster.** National Alliance on Mental Illness (NAMI) Website to fight mental health stigma. Available at: <a href="http://www.nami.org/template.cfm">http://www.nami.org/template.cfm</a> ?section=fight stigma

Depressed Teens with History of Abuse Less Likely to Respond to Combination Treatment. Abstract available at: <a href="http://www.nimh.nih.gov/science-news/2011/depressed-teens-with-history-of-abuse-less-likely-to-respond-to-combination-treatment.shtml">http://www.nimh.nih.gov/science-news/2011/depressed-teens-with-history-of-abuse-less-likely-to-respond-to-combination-treatment.shtml</a>

**SAMHSA's 10x10 Wellness Campaign.** This site offers free resources to promote holistic wellness for people with mental health issues. Free resources available at: <a href="http://www.promoteacceptance.samhsa.gov/">http://www.promoteacceptance.samhsa.gov/</a> 10by10/default.aspx

Have an idea for a newsletter article? E-mail Julie Luht, julie.luht@humanitas.com, to share your story or resource.

### Substance Use

Nearly all American adults with untreated alcohol use disorders don't think they need treatment. Available at: <a href="http://www.samhsa.gov/newsroom/advisories/1104062257.a">http://www.samhsa.gov/newsroom/advisories/1104062257.a</a> <a href="mailto:spx">spx</a>.

CSAP's Prevention Pathways: Online Courses. Free continuing education credits for substance abuse professionals, social workers, counselors, and health education specialists. Available at: <a href="http://pathwayscourses.samhsa.gov/courses.htm">http://pathwayscourses.samhsa.gov/courses.htm</a>

### Oral Health

Oral Health and HPV. Learn about the new research on HPV and oral cancers. Available at: <a href="http://www.cdc.gov/eid/content/16/11/1671.htm">http://www.cdc.gov/eid/content/16/11/1671.htm</a>

### General

# CDC Health Disparities and Inequalities Report. Persistent health disparities in our country are unacceptable and correctable. Available at http://www.edc.gov/

and correctable. Available at: <a href="http://www.cdc.gov/minorityhealth/CHDIReport.html#CHDIR">http://www.cdc.gov/minorityhealth/CHDIReport.html#CHDIR</a>

**Book recommendation!** Motivational Interviewing with Adolescents and Young Adults by Sylvie Naar-King and Mariann Suarez. This practical how-to guide is a great supplement to motivational interviewing training. Available on Amazon.com.

**SAMHSA Publications Ordering Website.** Order free publications from SAMHSA. Available at: <a href="http://store.samhsa.gov/home?WT.ac=EB">http://store.samhsa.gov/home?WT.ac=EB</a> 20110308 SAM HSAStore

E-mail your comments or suggestions to Carol Abnathy, National Health and Wellness Manager, <a href="mailto:abnathy.carol@dol.gov">abnathy.carol@dol.gov</a>. We have designed these tools with you in mind and we are always open to making a good thing better.



